

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	72	699/16	4/24/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	7	
2	✓	10	
3	✓	2	
4	✓	25	
5	✓	6	
6	✓	1	
7	✓	1	
8	✓	1	
9	✓	1	
10	✓	1	
11	✓	1	
12	✓	1	
13	✓	1	
14	✓	1	
15	✓	1	
16	✓	1	
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19	✓	1	
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37	✓	1	
38	✓	1	
39	✓	1	
40	✓	1	
41	✓	1	
42	✓	1	
43	✓	1	
44	✓	1	
45	✓	1	
46	✓	1	
47	✓	1	
48	✓	1	
49	✓	1	
50	✓	1	

Claim	Final	Original	Date
51	✓	7	
52	✓	10	
53	✓	2	
54	✓	25	
55	✓	6	
56	✓	1	
57	✓	1	
58	✓	1	
59	✓	1	
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91	✓	1	
92	✓	1	
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95	✓	1	
96	✓	1	
97	✓	1	
98	✓	1	
99	✓	1	
100	✓	1	

Claim	Final	Original	Date
101	✓	7	
102	✓	10	
103	✓	2	
104	✓	25	
105	✓	6	
106	✓	1	
107	✓	1	
108	✓	1	
109	✓	1	
110	✓	1	
111	✓	1	
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140	✓	1	
141	✓	1	
142	✓	1	
143	✓	1	
144	✓	1	
145	✓	1	
146	✓	1	
147	✓	1	
148	✓	1	
149	✓	1	
150	✓	1	

If more than 150 claims or 10 actions  
 staple additional sheet here

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